



Act: In accordance with Act No. 266, and 267, P.A. 2001, as amended.

## Dairy Farm Permit Application

- ☐ New Grade A   ☐ New MFG Grade   ☐ New Permit Required  
☐ Name change   ☐ Address change

### Individual Information (Please enter information as it should appear on the permit)

Permit Holder Name: \_\_\_\_\_  
Farm Location Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
County: \_\_\_\_\_ Township: \_\_\_\_\_ Section: \_\_\_\_\_  
GPS Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_ (by Inspector)  
Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
Mailing address if different from above: Street or P.O. Box: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Blank Space**  
For Official Use Only

### Corporate/Owner Information

Ownership Type: ☐ Sole Ownership   ☐ Joint Tenant   ☐ Partnership   ☐ L.L.C.   ☐ Corporation  
Corporation: \_\_\_\_\_  
Owner/President (CEO) Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Street Address of Corporation or Owner: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Business Phone: (\_\_\_\_) \_\_\_\_\_ Business Fax: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
Business Email: \_\_\_\_\_  
Federal/Tax ID # \_\_\_\_\_

### Additional Corporate/Joint Tenant/Partnership Information (Need address and date of birth of each owner)

Ownership Type: ☐ Sole Ownership   ☐ Joint Tenant   ☐ Partnership   ☐ L.L.C.   ☐ Corporation  
Corporation: \_\_\_\_\_  
Owner/President (CEO) Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Street Address of Corporation or Owner: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Business Phone: (\_\_\_\_) \_\_\_\_\_ Business Fax: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
Business Email: \_\_\_\_\_  
Federal/Tax ID # \_\_\_\_\_

**(Space provided on reverse side for additional owners)**

I certify the above information to be accurate and complete. This application CANNOT be processed without a signature and date.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print your name here: \_\_\_\_\_

Title: \_\_\_\_\_

**Additional Corporate/Joint Tenant/Partnership Information** (Need address and date of birth of each owner)Ownership Type: ☐ Sole Ownership ☐ Joint Tenant ☐ Partnership ☐ L.L.C. ☐ Corporation

Corporation: \_\_\_\_\_

Owner/President (CEO) Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address of Corporation or Owner: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_ Business Fax: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Business Email: \_\_\_\_\_

Federal/Tax ID #

Ownership Type: ☐ Sole Ownership ☐ Joint Tenant ☐ Partnership ☐ L.L.C. ☐ Corporation

Corporation: \_\_\_\_\_

Owner/President (CEO) Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address of Corporation or Owner: \_\_\_\_\_

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Business Email: \_\_\_\_\_

Federal/Tax ID #

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Federal/Tax ID #